



NOV-22-06 11:15

FROM-AKERMANN SENTERFITT

5616596313

T-065 P.02/02 F-432

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30448 7590 10/03/2006

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Mark D. Passler

(Depositor's name)

(Signature)

11-22-06

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10781380	02/18/2004	Melvin R. Kennedy	6865-20-2	2763

TITLE OF INVENTION HAIR COLORING APPARATUS AND METHODS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/03/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOAN, ROBYN KIEU	3732	132-208000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Akerman Senterfitt

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Kennedy/Matsumoto Design LLC

Longoria Design LLC

Spectrum Associates LLC

## (B) RESIDENCE (CITY AND STATE OR COUNTRY)

Lantana, Florida

Miami, Florida

Boca Raton, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 5

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☐ A check is enclosed☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0951 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 11-22-06

Typed or printed name

Mark D. Passler

Registration No. 40,764

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PTO/SB/21 (02-04)

Approved for use through 07/31/2005 OMB 0851-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/781,380	
	Filing Date	February 18, 2004	
	First Named Inventor	KENNEDY	
	Art Unit	3732	
	Examiner Name	DOAN, ROBYN KIEU	
Total Number of Pages in This Submission	2	Attorney Docket Number	6865-20-2

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). PTOL-85B
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt		
Signature			
Date	11-22-06		

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Mark D. Passler		
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